



Travel Medicine & Vaccination Centre

We adhere to the BC Personal Information Protection Act to protect your privacy

Client Profile - O

Please fill in sections A, B, C, and D as completely as possible

CD: _____

A. Personal Information					
Last Name:			First Name:		MI:
Address:			City:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Postal Code:		Email:		Cdn Citizen : <input type="checkbox"/> yes <input type="checkbox"/> no	
Home Tel:		Work Tel:		Cell:	
Birth Date: D M Y		Age:	Wt (child only):	Carecard:	
Emergency Contact:			Phone:		
Family Doctor:			Phone:		

B. Travel Itinerary								
Date of Departure: D M Y				Purpose of trip: Vacation- tour, adventure, cruise Work, Service Other:				
Area of Travel				Food and Accommodation				Comment
Country	Duration	Urban (Cities)	Rural (Country side)	Business 1 st Class	Tourist Package	Backpack Low Budget	Home stay Friends Relatives	

C. Medical History			D. Immunization History	
Do any of the following apply to you?	Yes	No	What vaccines have you had?	Date
Fainted from having an injection			Tetanus/Diphtheria	
Severe reaction to immunization			Polio	
Fever in the past 24 hours			Measles/Mumps/Rubella	
Current or planned pregnancies/Breastfeeding			Typhoid	
Immune suppression (eg. HIV, cancer, leukemia, organ transplant, steroid medication)			Hepatitis A	
History of Guillain-Barré Syndrome			Hepatitis B	
Received blood products in past year			Yellow Fever	
Bleeding disorders			Japanese B Encephalitis	
Thymus disorders (Myasthenia Gravis)			Meningitis	
G6PD deficiency			Rabies	
Disorders of the spleen / liver / kidney			Flu/Pneumococcal 23	
Bowel conditions: Irritable bowel syndrome/Crohn's/Colitis			Pertussis (Whooping Cough)	
Depression, anxiety, psychosis			Chickenpox (vaccine or disease)	
Previous seizures/epilepsy/neurological conditions			Dukoral	
Heart disease/Diabetes			Other:	
Other (Note, it is important to list ALL diseases and conditions that you have):				

Allergies (including: Eggs, Bee Stings, Medications, Yeast, Gelatin, Latex):

Current Medical Conditions	Current Medications including prescription, herbal, over the counter, birth control pills
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